



Behavioral Health Integration: Westside Family Healthcare's Experience, Progress, and Barriers Faced

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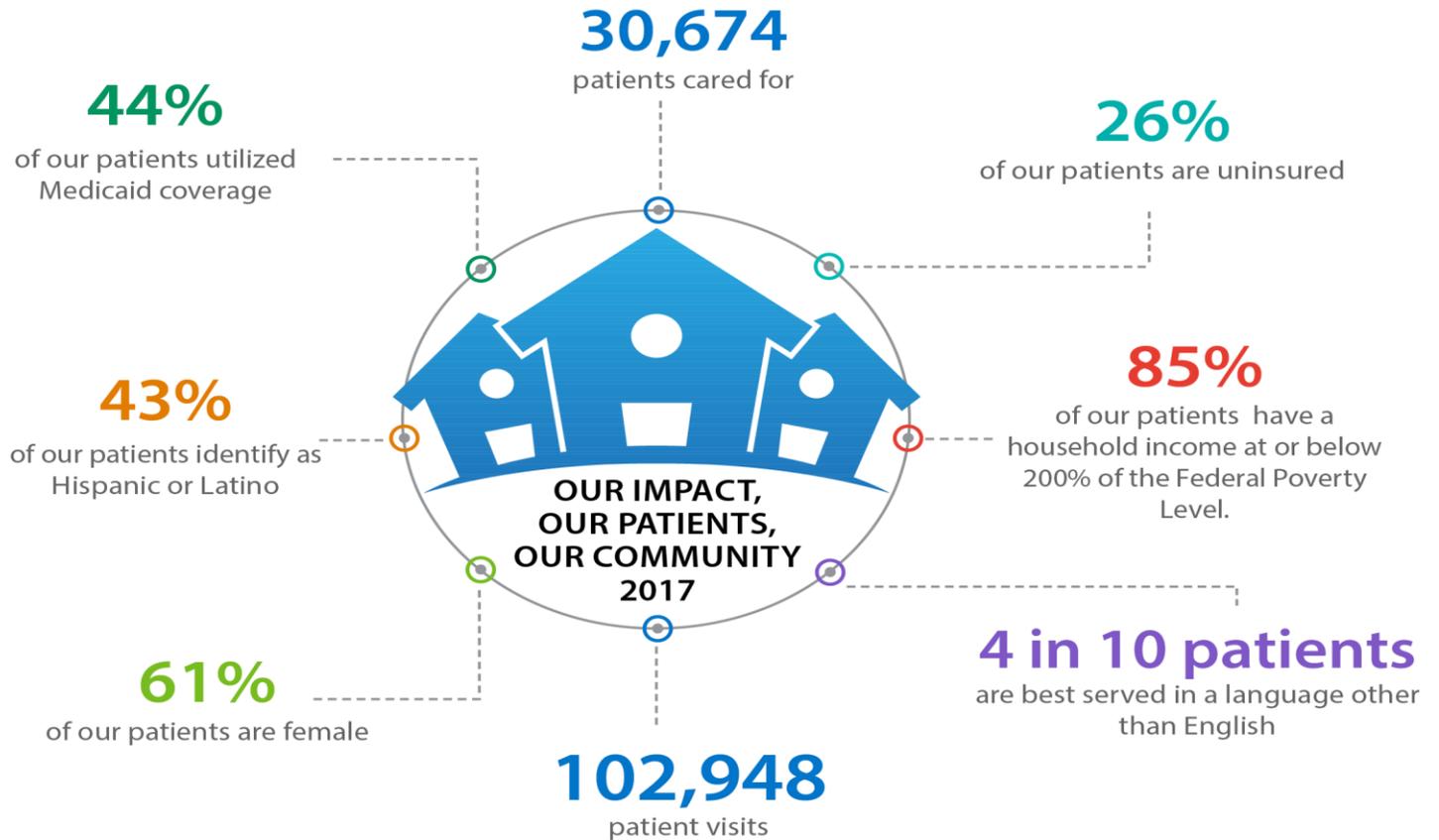
- Delaware's Largest Federally Qualified Health Center
- Our Mission:
 - To improve the health of our communities by providing equal access to quality healthcare, regardless of ability to pay

Yesterday and Today

- Doors opened in 1988
- 5 health center locations
- Focus on Quality
 - Joint Commission Accredited since 2000
 - Joint Commission Primary Care Medical Home since 2012
 - Member of eBrightHealth ACO



Who does Westside Serve?



Delaware's BHI Initiative

- Health Management Associates
 - Practice coaches
 - Lori Raney and Nancy Jaeckels Kamp
 - Learning collaboratives
 - 2 cohorts
 - Knowledge resources (book, website)
 - Registry

What is Behavioral Health?

- Behavioral Health = MH & SUD
 - Mental Health
 - Depression, Bipolar, Schizophrenia, etc.
 - Substance Use Disorder
 - Alcohol, Opiates, etc.

What is BH Integration?



Coordinated		Co-Located		Integrated	
Key = Communication		Key = Physical Proximity		Key = Practice Change	
Minimal Collaboration	Basic Collaboration at a Distance	Basic Collaboration Onsite	Close Collaboration Onsite with Some System Integration	Close Collaboration Approaching an Integrated Practice	Full Collaboration in a Transformed/ Merged Integrated Practice

Source: SAMHSA

https://www.integration.samhsa.gov/integrated-care-models/CIHS_Framework_Final_charts.pdf

Westside's BH Journey



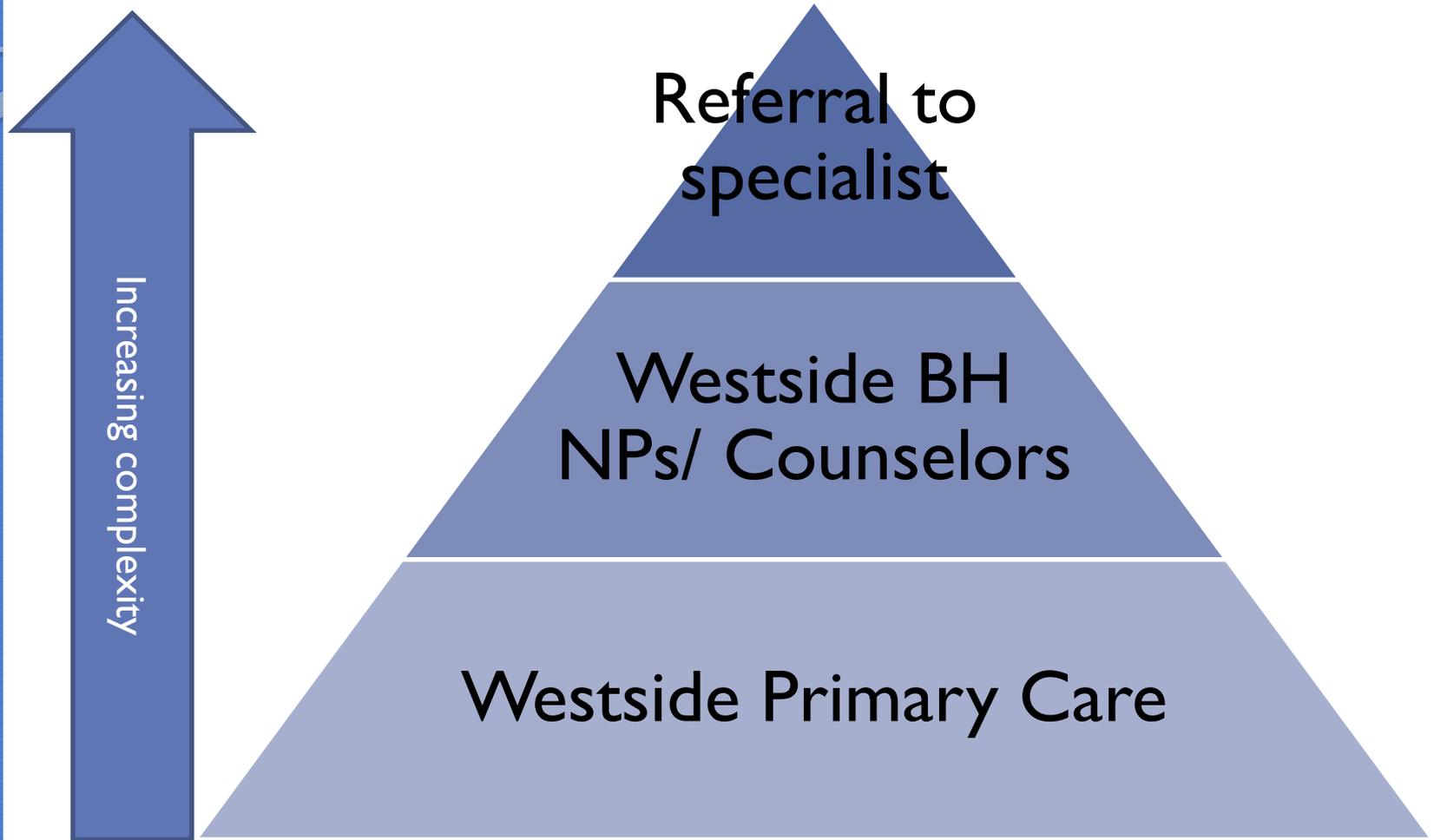
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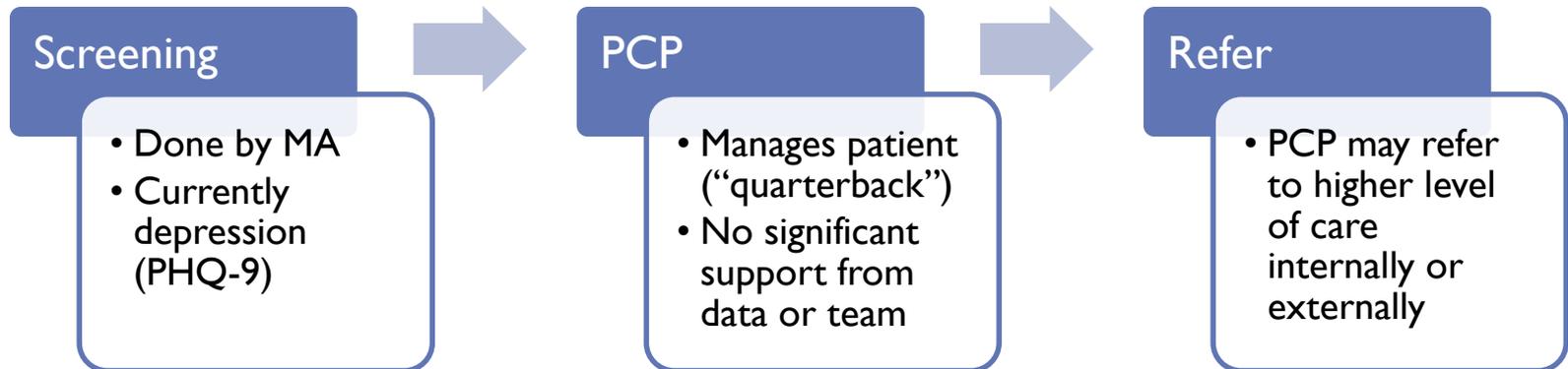
Westside's BH Team

- Primary Care Providers
- Mental Health Counselors (3 total)
 - LCSW, LPCMH, MSW
- Behavioral Health NPs (1 current, 1 FNP completing add'l training)

Westside's BH Process



Westside's Current Model



Collaborative Care Model



Data

- Foundation for process
- Initial screening, and repeat for management of disease

From visits to value

- Current model is reimbursed based on visits
 - Fee-for-service
 - Medicaid Prospective Payment System (PPS)
- Care management occurs between visits
 - Registry to track patients
 - Outreach to check on patients
 - Avoid exacerbations, ED visits, hospitalizations
 - The problem: reimbursement!

Funding care management

- Medicare- Jan 2018
 - CMS recognized that care management is not business as usual and requires separate funding
 - Began payment for Care Management Services
 - General Care Management
 - Psychiatric Collaborative Care Mgmt
 - Reimbursement based on TIME
 - Medicare only accounts for 9% of total patient revenue

Funding care management (cont.)

- Medicaid
 - Accounts for 63% of Westside's patient revenue
 - Medicaid does not reimburse FQHCs for care mgmt.

Other Barriers

- Workflows (and work “habits”)
- Information Sharing
 - BH lack of use of EHR, DHIN
- Workforce
 - Including recruiting and staff turnover

Westside's experience

- Practice transformation is hard
- Knowledge/coaching helps
 - HMA has provided excellent coaching, but significant barriers other than knowledge exist
- Transformation without reimbursement doesn't happen or isn't sustained

Where are we going?

- Continued expansion of BH team
 - As funding and reimbursement permits
- Increased use of registry/data for care management
 - I2i population health tool
- SUD identification and treatment
 - Routine screening for SUD
 - Medication-Assisted Treatment (MAT)

What do we need for success?

- Reimbursement for CCM (medical)/ CoCM (BH) from all payors (especially Medicaid)
 - Must not be considered to be part of current FQHC PPS rate
 - This is additional work that is outside of visits
- Workforce development support
- Support for BH specialists utilizing EHR technology



Thank you for your support!

- Questions?